

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006360

**Entity Name:** ST. AUGUSTINE ORCHID SOCIETY, INC.**Current Principal Place of Business:**3136 COUNTRY CREEK LANE  
ST AUGUSTINE, FL 32086**Current Mailing Address:**3136 COUNTRY CREEK LANE  
ST AUGUSTINE, FL 32086 US**FEI Number: 86-1166211****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STARK, LOLA  
3136 COUNTRY CREEK LANE  
ST AUGUSTINE, FL 32086 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRES
Name	PACETTI, JEANNETTE
Address	225 MONTEREY AVE.
City-State-Zip:	ST AUGUSTINE FL 32084

Title	2VP
Name	SCHIMMEL, YVONNE
Address	702 WILKES COURT
City-State-Zip:	ST AUGUSTINE FL 32086

Title	T
Name	GOURLEY, WILLIAM
Address	807 KALLI CREEK LANE
City-State-Zip:	ST AUGUSTINE FL 32080

Title	1VP
Name	BOTTOM, SUSAN
Address	6916 CYPRESS LAKE COURT
City-State-Zip:	ST AUGUSTINE FL 32086

Title	S
Name	STARK, LOLA
Address	3136 COUNTRY CREEK LANE
City-State-Zip:	ST AUGUSTINE FL 32086

Title	DIR
Name	HALYBURTON, PENNY
Address	4228 WICKS BRANCH ROAD
City-State-Zip:	ST AUGUSTINE FL 32086

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: WILLIAM T GOURLEY****TREASURER****01/09/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date